NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or	Print Clearly											
Full Nam	ne Bru	an B	Boul	reau		Work Address	Box	1800	Roches	ter N	1H c	3866
Primary	Occupation	VP 1	tr& R	ireau iskMymt	e-mail *c	optional			W	ork Phone	332	-2080
	of office, app nent with go		or Boo	ard of	Fire C	norol						
propriet	or, or employ	ee, or ser	ved in any o	ther professiona	al or advisory		om which ar	ny income i				r, associate, partner, uring the preceding
1.	East	er~ T	70 par	e gas	Inc	28 Ir	Leustr	نما بن	by RE	BEC	EM	3867
2.										MAR	27 2009	
3.									N	NEW HA	MPSH	IIRE
If you ha	ve no qualify	ing income	indicate by	writing your initi	als next to the	following states	ment. M	y income do	pes not quality	CRETAF	RY OF	STATE.
reportab disciplin	ole special inte e a licensee o	erest in an r permitte	item on this l e, or other de	ist if a change in	law, a change ment affecting	g the listed busir	e rule, a deci:	sion whethe	er or not to awa	rd a contra	ct, grant a l	A person has a license or permit, illy have a greater
T 1.	. Any profess	ilon, occup	ation, or bus	iness licensed or	certified by th	ne State of New H	Hampshire. L	ist each suc	h profession, o	ccupation, o	or category	of business
				MH								
2 .	. Health Care	┌ 3. In	surance	11	state, including evelopers, and		services	king or fina	ncial		I employm	mpshire, county, or nent
	N.H. Retirem stem	ent	11	rrent use land ment program	11	D. Restaurants/ dging	Γ	10. Sale a beverages	nd distribution	of alcholic		11. Practice of law
	. Any busines: Ities Commis	_	by the Publi	- 11 .	3. Horse or dog	og racing, or othe	er legal forms	14.	Education	15. Wa	ter Resour	ces
1	16. Agriculture 17. N			Business Profits Tax	Busines Enterpri		nterest and widends Tax	11	Optional: Spece	ify any othe	r area in w	hich you have a
RSA 15- shall be	A:7 Penaity. an absolute d	Any perso	n who knowi	ngly fails to com	ply with the pr	tion is true and or rovisions of this person acted in	chapter or kr	nowingly file	es a false staten	nent shall b	e guitty of	ar RSA 4-8:3, r(c) or
RSA 21-0	G:30, I(c).	_			TSm	33	مسلحد و	4.4.4	3/23/0	9	MAF	R 2 5 2009
	Print	Form			Signat	ure of Reporting	Individual	- VI	Date			

NH DEPARTMENT OF SAFETY NH STATE FIRE MARSHAL'S OFFICE